

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

July 21, 2003

Re: IRO Case # M2-03-0672-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 60-year-old male who injured his neck on ___. He also developed pain in his upper back, but neck pain has been the patient's primary problem for several years. The patient was treated unsuccessfully with physical therapy, medications, and epidural steroid injections. An MRI on 11/30/02 showed multiple levels of degenerative disk disease change, with no change in that study from a 1997 study, except for the possibility of a ruptured disk at C7-T1 on the right side. A calcified posterior longitudinal ligament was seen. This was also seen on a CT myelogram on 12/6/00. The myelogram suggested that the change was a perineural cyst rather than disk rupture. Electromyographical evaluation suggested C4-5 denervation potentials, and this was thought to be similar to a previous study.

Requested Service(s)

Cervical laminectomy with decompression C4-T1

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

There is nothing in the documentation presented for this review to indicate a particular level or two levels of pathology as the cause of the patient's pain. Performing 4-5 levels of extensive surgery in the hope that the correct level or levels will be properly treated is not thought justified, especially considering the extent of the procedure with its potential complications, and its probable lack of success in relieving the patient's pain. More testing, such as discography and / or repeat MRI might lead to the opinion that a particular level is more likely to be the source of trouble, and that might justify an approach to that level, probably anteriorly, in dealing with that trouble. A repeat MRI might show changes in the spinal cord at a particular level secondary to calcification of the posterior longitudinal ligament, and if that were the case, then a surgical approach to that level would probably be indicated. Of course, changes other than posterior longitudinal ligament changes might also be seen.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 21st day of July 2003.